

EXECUTIVE SUMMARY

Background

In 2000, the Virginia General Assembly took action based on national and statewide attention to children's issues, and made access to mental health, mental retardation and substance abuse services by children and their families a priority. Budget Item 329-G did this by reviewing the service needs, costs and funding for those services and system structures, and making recommendations for improvement. In the 2002 General Assembly Session, the language in Budget Item 329-G was amended to include additional populations and stakeholder groups, and an annual reporting requirement. The current language is as follows (the language added during the 2002 Session of the General Assembly is in italics):

“The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), the Department of Medical Assistance Services (DMAS), and *the Department of Juvenile Justice Services (DJJ)*, in cooperation with the Office of Comprehensive Services (OCS), Community Services Boards (CSBs), Courts Service Units (CSUs) *and representatives from community policy and management teams representing various regions of the Commonwealth*, shall develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children, *including juvenile offenders*, to mental health, *substance abuse*, and mental retardation services. The plan shall identify the services needed by children, the costs and sources of the funding for the services, the strengths and weaknesses of the current services delivery system and administrative structure, and recommendations for the improvement. *The plan shall examine funding restrictions of the Comprehensive Services Act which impede rural localities from developing local programs for children who are often referred to private and residential treatment facilities for services and make recommendations regarding how rural localities can improve prevention, intervention, and treatment for high-risk children and families, with the goal of broadening treatment options and improving quality and costs effectiveness. The Department of Mental Health, Mental Retardation, and Substance Abuse Services shall report the plan to the Chairmen of the Senate Finance and House Appropriations Committees by June 30 of each year”.*

This report provides a summary of DMHMRSAS activities, and the activities of the 329-G Planning Group and workgroups. It presents recommendations which are the initial steps toward providing and

improving access to mental health, mental retardation and substance abuse services for children, adolescents and their families.

Process

Participants in the 329-G process included representatives from child-serving state agencies such as the DMHMRSAS, the Department of Juvenile Justice (DJJ), the Department of Social Services (DSS), the Department of Criminal Justice Services (DCJS), the Department of Education (DOE), the Commission on Youth (COY), and the Virginia Supreme Court. The 329-G process also included representation from Voices for Virginia's Children, local community service boards, community policy and management teams, family assessment and planning teams, and Parents and Children Coping Together. For a complete listing of participants, please see **Appendix B**.

During this reporting period, the DMHMRSAS formed four workgroups using the membership of the larger 329-G Planning Group. The workgroups were tasked with addressing specific areas of the Budget Language, and reporting back to the 329-G Planning Group by April 2003 with recommendations specific to focus areas within Budget Item 329-G. Workgroup recommendations were consolidated and presented in April 2003, and the final recommendations were developed. The recommendations from the four workgroups support the creation of the final recommendations, as listed below. The recommendations from each specific workgroup can be located in **Appendix A** of this report.

Recognizing the current budgetary situation, the recommendations within this update report are designed to lay the groundwork for future action, and to promote awareness of the need for continued support of children's issues by legislators and key policy and decision makers.

Next Steps

Identified next steps include broad support for moving forward, and operationalizing the final recommendations in order that Virginia's 329-G Policy and Plan may move from a written idea to reality that meets the needs of children and adolescents with mental health, mental retardation and substance abuse issues and their families.

The role of the 329-G Planning Group will be advisory to the DMHMRSAS beginning July 1, 2003. It is anticipated that the components identified within this report and supporting recommendations will be placed into a workplan developed by the DMHMRSAS within the first quarter of SFY '04. Implementation activities would begin in the second quarter of SFY '04 and continue forward as appropriate.

The DMHMRSAS expresses its gratitude to all members of the 329-G planning group (**Appendix B**) and workgroups for their participation and dedication in assisting with 329-G activities over the past year. We express gratitude especially to the parent participants for their input and valuable feedback during this process. The most important element of a planning project such as this is the guidance and feedback from those who will ultimately be affected by proposed changes....the parents and children of Virginia.

RECOMMENDATIONS

Recommendation 1

DMHMRSAS should initiate a budget request to fund an integrated continuum of mental health, mental retardation and substance abuse services for children, adolescents and their families. The budget initiative shall give consideration to the varying geographic needs in Virginia, filling identified gaps, addressing co-occurring disorders and the needs of special populations such as children with early development needs, young juvenile sex offenders, and adolescents in need of transitional services into the adult services system.

Recommendation 2

The DMHMRSAS should initiate a budget request to fund a determined number of dedicated integrated case managers for children and families all community service boards/behavioral health authorities.

Recommendation 3

The DMHMRSAS should explore existing resources within state and federal funds to provide statewide training on mental health, mental retardation and substance abuse services and in integrated case management as related to the recommended continuum of mental health, mental retardation and substance abuse services for children, adolescents and their families. All agencies within the Secretariats of Education, Health and Human Resources and Public Safety shall cooperate in the planning and funding of the training.

Recommendation 4

A. The DMHMRSAS, in conjunction with Community Service Boards and Behavioral Health Authorities, should request a dedicated pool of flexible funds to be used specifically for program start-ups and program development, allocated in a manner that maximizes flexibility in program design and promotes achieving specific outcomes for children, adolescents

and their families with mental health, mental retardation and substance abuse needs.

B. DMHMRSAS, in conjunction with Community Service Boards and Behavioral Health Authorities, should establish a cooperative agreement with a state university to evaluate the efficiency of such programs based on terms established by the DMHMRSAS.

Recommendation 5

DMHMRSAS should establish an integrated organizational unit that merges existing staff providing child, adolescent and family services into one unit. This organizational unit should report to the Assistant Commissioner of Community Services. The unit should provide leadership for child and family issues on a statewide basis through coordination of services delivery and integration of disability service systems, with the goal of improving access to mental health, mental retardation and substance abuse services for children, adolescents and families in Virginia.

Recommendation 6

DMHMRSAS should establish a state advisory committee for child and family services to support activities of the organizational unit in Recommendation 5.

Recommendation 7

DMHMRSAS should seek ways to build and link the network of parents of children and adolescents with mental health, mental retardation and substance abuse service needs.

Recommendation 8

DMHMRSAS should create, publish and fund an interactive website to be used as a resource for children, adolescents and families to enable improved access to mental health, mental retardation and substance abuse services, providers, educational resources and supports.